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SAUSHEC Pediatric Residency Quality Improvement & Patient Safety (QIPS) Curriculum

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San Antonio Uniformed Services Health Education Consortium
Pediatric Residency

Grading Instrument for QIPS Projects

Resident: [Click here to enter text](#)

Grader: [Click here to enter text](#)

1. Meaningful project? (Relevant?)

Poor Minimal Fair Excellent Outstanding
0 1 2 3 4

Was there a need for this project?
Was it already being done or already had been done (i.e., a continuation project)?
Did the institution or patients benefit from this project?

Comments: [Click here to enter text](#)

2. Feasible plan?

Poor Minimal Fair Excellent Outstanding
0 1 2 3 4

Was the project something that actually could be implemented?
Were those involved in the project capable of achieving the goal?
Were those affected by the project able to be involved in the project? (Example: if the project involved communication with nurses, how were nurses involved?)

Comments: [Click here to enter text](#)

3. Was there a measureable outcome?

Poor Minimal Fair Excellent Outstanding
0 1 2 3 4

Could a physician health care worker see that the project led to improvement?
Was there something "measurable" by the project?
Did the project show us that something changed from X to Y?

Comments: [Click here to enter text](#)

4. Did it follow FOCUS-PDSA principles?

FOCUS Portion
Poor Minimal Fair Excellent Outstanding
0 1 2 3 4

How closely did it follow the design rubric? (If limited QIPS project, most will only cover the FOCUS (background) and project design sections unlike the full projects which are expected to cover FOCUS-PDSA and run cycles of intervention.)

Comments: [Click here to enter text](#)

Was the goal clearly defined?

Poor Minimal Fair Excellent Outstanding
0 1 2 3 4

This was the goal to the project. Needed to be very specific. Improved WHAT?

Comments: [Click here to enter text](#)

How did we know that a change was an improvement?

Poor Minimal Fair Excellent Outstanding
0 1 2 3 4

This was how we measured achieving the goal. Examples include surveys, decrease in waiting times, things able to be documented. Measurement needed to be as specific as possible.

Comments: [Click here to enter text](#)

What changes did we make that resulted in improvement?

Poor Minimal Fair Excellent Outstanding
0 1 2 3 4

These were the ideas for creating improvement. These were the solutions behind the problems.

Comments: [Click here to enter text](#)



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Pediatric Residency

Do
Poor Minimal Fair Excellent Outstanding
0 1 2 3 4

This was the project itself. Measured by doing ____
Need to see explanations of implementing process improvement (potential solutions) identified above

Comments: [Click here to enter text](#)

Study
Poor Minimal Fair Excellent Outstanding
0 1 2 3 4

This was the evaluation of the project data. The change went from ____ to ____
Look for discussion of collecting follow up data.
Were targets met?

Were changes made between cycles based upon information?

Comments: [Click here to enter text](#)

Act
Poor Minimal Fair Excellent Outstanding
0 1 2 3 4

Based on results of the project, we will either abandon the project (too broad), or hone in on one more specific piece of the project, and restart the cycle all over again (e.g., continuation project).

Comments: [Click here to enter text](#)

Multi-Disciplinary Collaboration? (0-4 Poor to Outstanding)

[Choose an item.](#)

Comments: [Click here to enter text](#)

If multiple team members, score on participation: (0-4 Poor to Outstanding)

[Choose an item.](#)

Comments: [Click here to enter text](#)

Final comments: [Click here to enter text.](#)

QIPS Point Values

SAUSHEC GME trainees can select a variety of QIPS activities to fulfill their graduation requirements. Thirty (30) points required prior to graduation. The list of activities includes (but is not limited to) the following:

QIPS Activity	Points
IHI Open School Basic Curriculum completion	5
Patient safety report (PSR) submission (maximum of 2)	5
Morbidity and Mortality (M&M) conference case presentation	5
M&M conference leadership role (organizing, etc.)	5
Program department-level QIPS project (significant contribution)	10
Program department-level QIPS committee (documented membership)	10
QIPS Symposium (or similar venue) poster presentation	10
Interdepartmental QIPS project (significant contribution)	15
SAUSHEC hospital-level QIPS committee (documented membership)	15
Root Cause Analysis team (significant contribution)	15
SAUSHEC hospital-level QIPS project (significant contribution)	20
Program department-level QIPS project design, leadership & write-up	20
Interdepartmental QIPS project design, leadership & write-up	25
SAUSHEC hospital-level QIPS project design, leadership & write-up	30

Modified from Niebuhr & D'Alessandro. Planning for Online Teaching-Learning Activities. Workshop at PAS Vancouver, 2010

Adame, Arandes, Payne. Teaching Clinical Reasoning Skills: Core Concepts for Developing a Curriculum. Innovations in Health Science Education, 2012

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<p>Background (What is the curriculum gap? Brief Lit Review)</p> <p>Two of the core ACGME competencies, practice-based learning improvement and systems-based practice, focus on the concept of quality improvement in medicine. These competencies include processes by which residents learn to evaluate the quality of care at the individual level as well as the systems level. There are many obstacles to resident involvement in quality improvement processes, despite the ACGME educational requirements. A 1994 survey of chief residents at Boston City Hospital described little awareness of formal QI processes, but a history of multiple informal projects to improve the quality of resident education and patient care. These physicians underestimated their ability to contribute to the QI process, and cited difficulty in affecting change. Their major challenges were attributed to administrative and communication problems with hospital leadership and nursing staff, as well as a focus on solving individual complaints rather than pervasive process problems.</p>	<p>Goal(s) of the Curriculum</p> <ol style="list-style-type: none"> 1. Develop resident familiarity with QI initiatives 2. Work in interdisciplinary teams to improve patient safety and quality of care 3. Improve faculty involvement with ongoing QI 	<p>Program Objectives (Why this experience was created?)</p> <ol style="list-style-type: none"> 1. Create clear goals, objectives and evaluation process for resident QIPS projects 2. Provide residents with the mentorship and resources needed to fulfill Pediatric residency requirements and ACGME competencies which include quality improvement
<p>Resident/Fellow Learning Objectives (What resident/fellow will learn?) (Bloom's Taxonomy)</p> <ol style="list-style-type: none"> 1. Describe and implement elements of the PDSA cycle 2. Analyze systems of care within the hospital and apply principles of patient safety, risk assessment and adverse event disclosure at monthly departmental QIPS meetings 3. Present completed QIPS project at departmental meeting prior to residency graduation 4. Present completed QIPS project at local or national meeting? (encouraged but not required) 	<p>Educational Strategies/Activities (Miller's Pyramid)</p> <ol style="list-style-type: none"> 1. Complete the Institute of Healthcare Improvement Basic Curriculum Modules prior to beginning the PGY1 year 2. Attend quarterly didactics 3. Complete case-based interactive modules on the program's Moodle website 4. Attend monthly departmental QIPS briefings, where patient safety reports are presented by the on-service senior resident 5. Design and complete QIPS project and present findings to department prior to graduation 	<p>Learner Assessment (How is the learner assessed for success? Results?)</p> <ol style="list-style-type: none"> 1. Tracking of attendance at lectures and departmental QIPS meetings 2. Completion of resident QIPS portfolio 3. Participation on Moodle website 4. Evaluation of completed QIPS projects on the basis of relevance, feasibility, ability to measure outcomes, and adherence to PDSA cycle
<p>Program Evaluation How is the experience/rotation assessed for success? Results?</p> <ol style="list-style-type: none"> 1. Results of ACGME Resident/Faculty Survey, internal SAUSHEC Pediatric Program Assessment Surveys 2. Assessment of QIPS project productivity 	<p>Implementation Collaborators? Resources? Skills? Faculty Development? Barriers?</p> <ol style="list-style-type: none"> 1. QIPS methodology presented in faculty development series 2. One faculty from each clinical area identified as faculty mentors with responsibilities to assist residents with generating ideas for QIPS projects, provide guidance for project design and identify realistic goals, and facilitate coordination with other services which may have an interest or are impacted by the process selected for the resident project 3. Checklist created to guide resident project progress from project design through completion 	<p>Lessons Learned</p> <p>Quality of resident QIPS projects has improved, and the number of multi-disciplinary projects have increased since the implementation of curriculum modifications in 2014 and continued improvement to the curriculum. Adequate access to data remains a limiting factor in multiple resident projects.</p>

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